



**BAY COUNTY
JUVENILE HOME**

James A. Barcia
County Executive

Juliann Reynolds
Director
reynoldsj@baycounty.net

Dear: _____

Date: _____

Your youth _____ is a current resident at our facility. Attached are a few policies that are required to be shared with you.

Medical Consent: The BCJH contracts a registered nurse and doctor to review resident medications and to handle minor medical issues. The BCJH is required to provide a physical within 7 days of detainment unless there is a copy of a physical provided that had been completed in the last 10 months. The youth can request to see the nurse during medical clinic times. Please sign the attached request and return so that we may attend to your youth's immediate medical needs. The nurse will contact the legal parent/guardian on file to discuss any changes in health status. If for any reason your youth needs to be transported to urgent care or the hospital you will be contacted as soon as possible.

Prescriptions: The staff understand that transportation to the BCJH may not always be convenient or possible. The BCJH utilizes Layerer's Pharmacy. You may choose to have refills transferred to Layerer's and let them know that the prescriptions need to be delivered to the Bay County Juvenile Home. You will need to provide insurance information and pay any co-pays.

Layerer's Pharmacy
1100 Columbus Avenue
Bay City, MI 48708
989-893-7579

Immunizations: Immunization Clinic is the first Thursday of each month. The Bay County Health Department administers the immunizations at **no cost**. The registered nurse refers to the Official State of Michigan Immunization Record for each youth to determine the eligibility for immunizations. Immunizations available are Tdap, Hib, Polio, MMR, Hep B, Vericiella, Hep A, Flu, Pneumococcal Conjugate, Meningococcal Conjugate and HPV. Some of these vaccinations are a series. If the youth refuses the immunization we do not force the youth to receive them. The Health Department requires the attached consent to be completed. The BCJH is required to offer these immunizations for youth who remain in the facility after 29 days. If you have an up to date immunization record please fax or email to the BCJH. Fax # 989-892-4419 or email juvhome@baycounty.net. You may also give a copy of the record to the Probation Officer or DHHS caseworker to forward to the facility.

Dental: Dental services are provided by the Mobile Dental Bus. Consent forms attached. No cost to the parent. If there are costs there will be no services completed unless the cost is approved by the legal parent/guardian.

Thank you,

Bay County Juvenile Home



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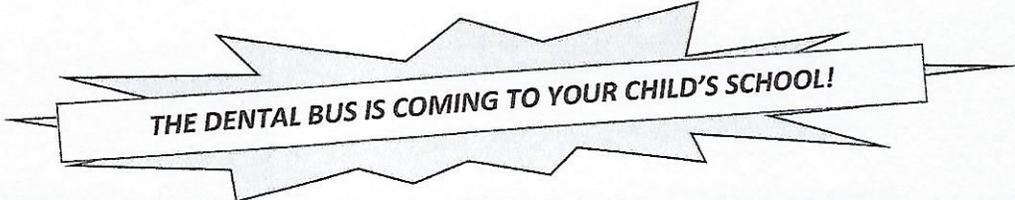
MEDICAL CONSENT AND AUTHORIZATION FORM

Resident Name:	DOB:
I hereby consent and authorize: Bay County Juvenile Home 520 West Hampton Road, Essexville, MI 48732 Phone: 989-892-4519 Fax: 989-892-4419 Email: juvhome@baycounty.net	
To provide the following services for my child:	
Any physical examination and/or appropriate medical care or treatment including hospital admittance, emergency treatment including surgery, dental care or mental health services to be provided by qualified medical personnel as deemed necessary to protect the health of my child. This consent and authorization includes the authorization for disclosure of my child's complete health records as may be necessary to provided appropriate medical care and treatment and follow-up care. Initial _____	
It is understood that the Bay County Juvenile Home will make all reasonable efforts to notify me of any injury or emergency medical care or treatment that is necessary while my child is in the care and custody of the Bay County Juvenile Home. I understand I have the right to revoke this authorization at any time prior to disclosure by giving written notice to the Facility Director. Initial _____	
I consent to testing for infectious, contagious and sexually transmitted diseases including, but not limited to hepatitis, hepatitis B, HIV and AIDS in the event my child's bodily fluid comes into contact with any volunteer, employee or resident of the BCJH. Results of that testing will be made available to the Director of the Bay County Juvenile Home. Initial _____	
Allergies of the youth:	
Medical Insurance Information:	

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____



Patient Name: _____ Grade: _____ Teacher Name: _____
 Birth Date: ___/___/___ Gender: Male Female Email Address: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone Number: _____ Cell Phone Number: _____

Race: White Black/African American Native Hawaiian American Indian/Alaska Native
 Asian Other Pacific Islander More than one race Refuse to report

Are you Hispanic/Latino?: Yes No Refuse to Report Is English your primary language?: Yes No
 Are you or a family member a Migrant or Seasonal Farmworker?: Yes No

Guardian Information
 Name: _____ Phone Number: _____ Birthdate: ___/___/___ Relationship to Patient: _____
Emergency Contact
 Name: _____ Phone Number: _____ Relationship to Patient: _____

Dental Insurance: _____ Medical Insurance: _____ Subscriber Name: _____
 Insurance ID #: _____ Subscriber Birthdate: ___/___/___ Relationship to Patient: _____ Subscriber Employer: _____

Our Federal Funding requires we ask income of all our patients. Your name/identity is not used in any of our reports. This information also helps us determine if you qualify for our payment assistance program (Sliding Fee).

Household Income \$ _____ Weekly Biweekly Monthly Annual
 How many people in the household does this income support?: _____

- In order to qualify for a Sliding Fee, you must:**
- Complete the "Application for Sliding Fee Program" below.
 - Write all the names and ages of persons residing in the household. (Signature required)

To be completed by Staff only.
 GLBHC Sliding Fee Category: _____
 Staff Signature: _____
 Date: ___/___/___
 Mobile Slide Standard Slide
 GLBHC Site: Mobile

Application for Sliding Fee Program

Total 'Gross Annual' Household Income from all Sources: \$ _____
(Including Wages, Social Security, Public Assistance, Unemployment, Pension Payments, Alimony, Child Support or Other Cash Income)

Name Persons Residing in Household	Age	Name Persons Residing in Household	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*****Total Number of People in Household _____

I declare that this information relative to my total household income and family size as stated above is true and factual.

Head of Household/Authorized Person Name: _____

PLEASE SIGN HERE Head of Household/Authorized Person Signature: _____ Date: ___/___/___

Medical History (Please check Yes or No)

Allergies (other) type: _____ Yes No Asthma: Yes No Seizures: Yes No
 Allergies (medications): _____ Yes No Diabetes: Yes No Other Medical Conditions/Medications: _____
 Heart Problems type: _____ Yes No Is pre-medication needed for dental procedures?: Yes No

By signing this consent form and selecting "YES", I certify that I am the legal guardian and legal custodian of the student named above. I give my consent for the above named student to receive all services, listed on the front of this consent form, provided by Great Lakes Bay Health Centers Mobile Dental Program. I understand that treatment may be obtained at the patient's dental home rather than the mobile dental facility and that obtaining duplicate services at a mobile dental facility may affect benefits that he or she receives from private insurance, a state or federal program, or other third-party provider of dental benefits. I authorize GLBHC's Mobile Dental Program to release information regarding treatment to third party payers or others for the purpose of receiving payment for services. I further authorize both GLBHC and my child's dentist to exchange health care information for the purpose of continuity and coordination of care. By selecting "NO" and signing this form, my child will not be treated. I understand that I may withdraw my consent for services upon written notice to GLBHC's Dental Department at any time. Make sure to read and complete both sides of this form before signing.

Yes, I give permission to have my child receive dental treatment from GLBHC's Mobile Dental Program. **No, I would not like** my child to receive dental treatment from GLBHC's Mobile Dental Program.

Patient/Guardian Name: _____

PLEASE SIGN HERE Patient/Guardian Signature: _____ Date: ___/___/___

Last		First		M.	Age
Address			City	State MI	Zip
Phone #		Maiden Name		Birth Date / /	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Caucasian <input type="checkbox"/> African American	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other		
Insurance Type _____					
Card Holder Name: _____			Card Holder Birth Date: _____		
Enrollee ID _____		Group # _____			
Medicare # _____		Medicaid # _____			

1. Are you allergic to eggs, thimerosal (preservative), latex, or have any other allergies? Yes No
2. Have you ever had an adverse reaction to a flu shot or any other vaccine? Yes No
3. Have you had Guillain-Barre syndrome within 6 weeks of a flu shot? Yes No
4. Are you sick today? Yes No
5. Have you had MMR, Varicella, Nasal Spray Flu or any other vaccines in the past 30 days? Yes No
6. Have you ever had a seizure or neurological problem? Yes No
7. Have you taken cortisone, prednisone, steroids, anticancer drugs, or x-ray in last 3 months? Yes No
8. Have you received a blood transfusion, plasma, or immune globulin in the last year? Yes No
9. Are you pregnant or is there a chance of becoming pregnant the next 3 months? Yes No
10. Do you have cancer, leukemia, AIDS, or any other immune system problem? Yes No
11. Did you receive the vaccine information sheet today? Yes No
12. Do you have any questions? Yes No

MCIR (Michigan Care Improvement Registry)

- Yes, please register my or my child's immunization history in the MCIR system.
 No, I do not want my or my child's immunization history registered in the MCIR system.

SIGNATURE _____ Legal Guardian Name: _____

For Office Use Only

<input type="checkbox"/> CPOX	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> DTAP	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> FLU	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> HEP A	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> HEP B	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> Hib	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> HPV	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> KINRIX	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> MENACWY	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> MEN B	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> MMR	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> MMRV	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> PCV13	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> PEDIARIX	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> PPSV23	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> POLIO	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> ROTA	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> SHINGRIX	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP
<input type="checkbox"/> TDAP	Lot # _____	Site _____	Manuf. _____	Eligibility \$ or VFC or AVP

Nurse Signature _____



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Parent/Guardian Acknowledgement

Dear Parent or Guardian:

It is required that the Bay County Juvenile Home provide each parent/guardian with a copy of the grievance policy and the policy for resident restraints. It is requested that you initial and sign below indicating that you have received each policy. This form will be renewed yearly when applicable.

Resident Name: _____

_____ Initial regarding grievance policy

_____ Initial regarding restraint policy

Your signature verifies that you have received a copy of the policies noted above. You understand that if you have questions or concerns you may speak with a Supervisor or the Director.

For further questions or concerns I may contact:

Supervisor Joe Beauchamp (2pm – 10 pm T-F and 12pm -8pm Sat)
Director Juli Reynolds (8-5 M-F)

Signature: _____ Date: _____

Print name: _____

Relationship to youth: _____

Scan this paper into the resident's file and give to parent/guardian

Bay County Juvenile Home Policy and Procedure

Chapter: Resident Life

BCJH Policy:6.1

Subject: Resident Grievance

Last Revision/Review: March 2019

MI State Licensing Rule: R 400.4132 Grievance Procedures

Page 1 of 3

Policy

Upon admission to the BCJH, all youth shall be informed of their right to file grievances against any behavior or disciplinary action of staff or other youth in the facility. Grievances that have not been resolved informally shall be filed according to the procedures outlined below. All youth grievances shall be handled expeditiously and without reprisal against the grievant.

YDW and Supervisors who have contact with the parents/guardians and referral sources shall provide a copy of this policy prior to admission, at admission or if necessary after admission. Written acknowledgement must be attempted whenever possible that this policy was made available. If written acknowledgement cannot be attained a note in the resident's file stating the policy was given to the parent/guardian or referral source will suffice noting date and time given. This will be documented under the tab "Notes" in the file.

This grievance policy shall be made available to residents, parent/guardians and referral agents. An interpreter shall be sought when necessary.

For any allegations by a youth for lack of medical attention or abusive conduct see Detention Policies: Monitoring and Reporting Abuse & Neglect

Informal resolution: All residents are encouraged to resolve grievances informally with staff. In most instances, a discussion between the resident and staff will result in a satisfactory solution. The staff member shall note the informal discussion in the resident's progress notes. **It is not mandatory for residents to attempt to resolve complaints informally.** If a resident is not satisfied with the discussion and result of the conversation, the youth may utilize step I of the grievance process. Residents may submit any grievance in a sealed envelope labeled Supervisor.

Grievance Forms: Grievance forms and envelopes are available in the South dayroom. Residents may retrieve the forms as needed however must ask for permission to get up and request a pencil. If the timing is not appropriate the YDW shall notify the resident and allow the resident to retrieve a grievance form at a later time during the shift. Morning or afternoon bathroom break during school would be an appropriate time.

Resident Grievance Process:

Step I: The resident may complete a grievance in writing to the Supervisor if the Supervisor is not involved in the grievance. If the Supervisor is not present the resident may complete the grievance and seal in an envelope. The envelope can be placed under the Supervisor's office door.

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The resident is to place the grievance in writing noting information directly related to the incident. Include date and approximate time of the incident.

The Supervisor will obtain information regarding the situation, discuss the situation with the resident objectively, and render a decision within 3 business days.

When the Supervisor responds to a grievance the following shall be completed

- A written response to the grievant shall be completed on the original grievance form with additional sheets of paper attached as needed.
- Original form and attachments shall be given back to the resident
- A copy of the form and response shall be given to the Administrative Supervisor.
- The copy shall be filed in the Administrative Supervisor's office under resident grievances.

If the grievance involves the Supervisor or if the resident is not satisfied with the decision of the Supervisor, the resident may proceed to Step II within 3 days.

Step II: If the resident is not satisfied with the response in Step I the grievance may be submitted to the Director by placing the grievance in a sealed envelope in the Director's mailbox. The Director will review all pertinent information and conduct necessary interviews. The Director will respond to the grievance within 5 business days of receipt of the grievance. The Director's response is final.

Complaints or Concerns from resident's parent/guardians: If the parent/guardian has concerns regarding the wellbeing of the resident the parent may address it verbally with the Supervisor. For any allegations by a youth for lack of medical attention or inappropriate conduct see Detention Policies: Monitoring and Reporting Abuse & Neglect

The Team Leader will provide writing materials for the parent/guardian to complete a grievance in writing or inform the parent/guardian to call the Administrative Supervisor directly to discuss further.

The administrative supervisor shall contact the grievant and initiate an investigation. The Administrative Supervisor will respond in writing to the parent/guardian within 4 business days of receipt of complaint.

Bay County Juvenile Home Policy and Procedure

Chapter: Resident Life

BCJH Policy:6.1

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Last Revision/Review: March 2019

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All complaints and grievances to the Supervisor or Director should be sealed by the grievant. The grievant should write Supervisor across the seal.

Retraction: If the resident, parent or guardian chooses to retract the grievance this shall be allowed if the grievant makes this request in writing. Submit the retraction in the Supervisor's mailbox. Staff are not to take the grievance out of the Supervisor mailbox. The Supervisor will file the grievance with the retraction in the grievance file.

Provide this policy for residents, their families and referring sources prior to or at admission. Written acknowledgement must be obtained that this policy was provided. If parent/guardian to enter the facility by the first visiting session of the youth entering the facility a copy of this grievance will be mailed to the parent/guardian.

When it is appropriate an interpreter shall be made available to translate this policy to the resident and/or resident's family.

Bay County Juvenile Home Policy and Procedure

Chapter: Seclusion and Restraint

BCJH Policy: 10.2

Subject: Emergency Safety Physical Intervention (ESPI)

Last Revision: May 2018

MI State Licensing Rule: R 400.4159

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Policy

R 400.4159 Resident Restraint – This policy applies to all employees of the Bay County Juvenile Home. This policy shall be made available to all residents, their families, and referring agencies.

Emergency Safety Physical Interventions (ESPIs) shall be performed in a manner that is safe appropriate, and proportionate to the severity of the minor child’s behavior, chronological and developmental age, size, gender, physical condition, medical condition, also considering any known psychiatric condition, and personal history, including any known history of trauma.

All Youth Development Workers shall be trained in Safe Crisis Management (SCM) yearly by someone who is certified in training the SCM Theory and Techniques. Employees, Interns, Teachers etc.. in the facility may only utilize ESPI techniques on residents after the individual has completed and passed the SCM training. The exception would be for Law Enforcement when called into the facility for assistance in maintaining control.

All ESPIs shall be reported to the Director and the incident will be reviewed within 48 hours by a level of supervision above the staff ordering or conducting the restraint to determine if the requirements of these policies have been adhered to in directing and conducting the restraint.

ESPI or Mechanical restraints are to be used as a last resort when less restrictive discipline and/or behavior management has been unsuccessful.

The Director or designee shall review all restraints at a minimum of every 6 months.

Definitions

Emergency Safety Physical Intervention (Physical restraint) – Restricting a resident’s movements physically utilizing techniques learned from Safe Crisis Management Training.

Mechanical Restraint – Restraining a resident utilizing hand cuffs, ankle shackles and/or waist cuffs.

Procedure

ESPIs physical or mechanical are only permitted under the following circumstances

- To prevent injury to the resident, or injury to others
- As a precaution against escape or truancy
- When there is serious destruction of property that places a resident or others at serious threat of violence or injury if no intervention occurs.

ESPI techniques shall not be used for punishment, discipline or retaliation

The use of a restraint chair is prohibited

Bay County Juvenile Home Policy and Procedure

Chapter: Seclusion and Restraint

BCJH Policy: 10.2

Subject: Emergency Safety Physical Intervention (ESPI)

Last Revision: May 2018

MI State Licensing Rule: R 400.4159

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The ESPI shall only be applied for the minimum time necessary to accomplish the purpose for its use. Approval of the Supervisor (in the absence of the Supervisor the Team Leader) shall be obtained when the ESPI lasts more than 20 minutes.

The approval of the Supervisor or Team Leader shall be obtained prior to any use of mechanical restraints. A staff member shall be present continuously while material or mechanical restraint equipment is being used on a resident, and the staff member shall remain in close enough proximity to the restraint to intervene immediately in case of emergency to protect the safety of the resident. Residents in restraints are to be monitored directly and not remotely by camera or through glass.

Each use of an ESPI and/or mechanical restraint equipment shall be documented in a written record (incident report in YouthCenter) and shall include all of the following information:

- a. The name of the resident (this will be evident when completing in YouthCenter)
- b. The name of the supervisor or Team Leader who authorized the use of the equipment, and the time of the authorization
- c. Time the restraint was applied
- d. The name of the staff member who was responsible for the application
- e. A description of the specific behavior that necessitated its use and de-escalation tactics attempted prior to the ESPI or mechanical restraint.
- f. The name of the staff person who was continuously with the resident for mechanical restraints
- g. The date and time of removal of the restraint and the name of the person removing the equipment
- h. All staff involved in the ESPI will complete a narrative in the same incident report.
- i. If the report is sent back to the employee for more information it will be completed and returned within 24 hours.

The following is prohibited:

- The use of noxious substances
- The use of instruments causing temporary incapacitation
- Chemical restraints
- The use of ESPIs or mechanical restraints for punishment, discipline or retaliation.

After release from a physical intervention staff must:

1. Check for injury to resident. Document that the resident has been checked for injury and what injuries occurred.
2. Aid resident in basic first aid when situation is under control. Document the need for first aid and what was administered. Complete an injury report.
3. If further medical treatment is necessary follow emergency medical procedures
4. Complete an injury report for nurse review even if the resident states no injuries.

Bay County Juvenile Home Policy and Procedure

Chapter: Seclusion and Restraint

BCJH Policy: 10.2

Subject: Emergency Safety Physical Intervention (ESPI)

Last Revision: May 2018

MI State Licensing Rule: R 400.4159

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5. Monitor the resident for the next few days for any missed injury. If resident has bruises or injury as a result in the next few days document as an edit in the original report and complete a new progress report discussing injuries discovered.

Debrief: The purpose of the debriefing is to review the incident with the resident and see the situation through the resident's view. The resident will also be present to discuss the situation from the YDWs view.

1. Allow resident some quiet time to process the situation internally.
2. Listen to the resident's version. When the resident is finished the YDW will describe the behavior that was observed. Describe the behavior without demeaning the resident.

Physical transport: moving the individual from one area of the facility to another as the individual is not willing to move voluntarily.

1. **The only approved method to utilize is the hook transport and only if the resident will walk.** This method does not allow for staff to engage in a physical intervention with a youth without the youth being a danger of harm to himself or others as listed above.
2. **At no time shall the resident be pushed, dragged, pulled or carried by Juvenile Home staff from point A to point B.**